

BOULDER MUNICIPAL COURT
1777 6th Street, P.O. Box 8015
Boulder, CO 80306
(303) 441-1842
(303) 441-4233 (FAX)

COMMUNITY SERVICE COMPLETION REPORT

Name:	DefendantName	Case #:	CaseNumber
Referral:	NeedPrompt Enter Hours to be completed EndPrompt service hours due by NeedPrompt Enter Due Date EndPrompt	Referral Date:	NeedPrompt Enter Referral Date EndPrompt
Probation Officer:	CurrentProbationOfficerName, (303) 441-NeedPrompt Enter last 4 digits of your phone number EndPrompt – Call if you have questions about your community service		

AGENCY SUPERVISOR: Please record each day's work hours below. If the defendant fails to appear for scheduled hours, please indicate this with 'FTA' for that day. By signing your name, you certify that the above named individual has completed the hours listed for each associated date.

AGENCY:	CU Volunteer Resource Center	AGENCY ADDRESS:	UMC 358
DATE	HOURS	SERVICE PERFORMED	SUPERVISOR SIGNATURE
		VRC Orientation & Match Meeting (Must complete within 7 days of Referral Date)	

AGENCY:		AGENCY ADDRESS:	
SUPERVISOR:		SUPERVISOR PHONE:	

DATE	HOURS	SERVICE PERFORMED	SERVICE EVALUATION (Excellent, Good, Fair or Poor)

Supervisor Signature: _____ Date: _____

Supervisor Comments: _____

If you choose to do your community service hours at more than one site or if you do more hours than the space above allows, use the additional spaces on the back of this form to fill in your additional hours.

TOTAL NUMBER HOURS COMPLETED AT ALL SITES: _____

I declare that I have completed the total hours of community service listed above.

Defendant's Signature: _____ Date: _____

This defendant has completed the total hours of community service listed above.

VRC Supervisor Signature: _____ Date: _____

AFTER VRC APPROVAL - TURN THIS COMPLETED FORM INTO BOULDER MUNICIPAL COURT AND VERIFY THAT IT WAS RECEIVED. Failure to comply with conditions of sentencing is considered contempt of court and may result in a warrant for your arrest, a hold on your driver's license and/or additional fees up to \$1,000.

AGENCY:		AGENCY ADDRESS:	
SUPERVISOR:		SUPERVISOR PHONE:	

DATE	HOURS	SERVICE PERFORMED	SERVICE EVALUATION (Excellent, Good, Fair or Poor)

Supervisor Signature: _____ Date: _____
Supervisor Comments: _____

AGENCY:		AGENCY ADDRESS:	
SUPERVISOR:		SUPERVISOR PHONE:	

DATE	HOURS	SERVICE PERFORMED	SERVICE EVALUATION (Excellent, Good, Fair or Poor)

Supervisor Signature: _____ Date: _____
Supervisor Comments: _____

AutoROAStart VRC Community Service Form Given to Defendant AutoROAEnd
